Application or Docket Number

1942.0007

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/1 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		' /			X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	790
CLAIMS AS AMENDED - PART II						-					OTHER SMALL	
(Column 1)					mn 2)	(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST (BER OUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	HATE	ADDI- TIONAL FEE
	Total	. 14	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	***		=		X40≥		OR	X80=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	
Lauriahla CODV								TOTAL		OR	TOTAL	
Best Available Copy (Column 1) (Column 2) (Column 3)								ADDIT. FEE] O	ADDIT. FEE	
	12.00	(Column 1)		(COIL	JMN 2) HEST	(Column 3	ή .		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> </u>	1	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		٤	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(O-1:		(Calı	umn 2)	(Column 3	3)	ADDIT. FEE			ADDIT. I CO	- .
_	·	(Column 1) CLAIMS	!		HEST	Colamin	ή		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	• AMENDMENT	Minus	**		=		X\$ 9=	<u> </u>	OR	X\$18=	
	Independent	•	Minus	•••		=		X40=		OR	700	
I	FIRST PRESENTATION OF MULTIPLE DEPENDEN					<u> </u>			\vdash	1		
				_				+135=		OR		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTA ADDIT. FE	E
"	*If the "Highest Nu The "Highest Nur		Daid CAP IN TH	IIC CDAC	F ic lace in	ian 3 Anter 3.				ox in o		